



**City of Torrance, Community Services Department
Facility Booking Office
REQUEST TO PAY BY CREDIT CARD**

Please choose **one** option.

I would like my permit & receipt:

- ☐ E-Mailed: _____
- ☐ Faxed: (_____) _____ - _____
- ☐ Mailed – Reservation date must be at least 2 weeks in future:
Please indicate address if different than on reservation form:

CREDIT CARD INFORMATION

I Herby Authorize Use Of My:

☐ Visa

☐ MasterCard

☐ Discover

☐ American Express

Print Name As It Appears on Card: _____

Credit Card Number: _____

Expiration Date: Month _____ Year _____

Signature: _____

Please Send To:

Annie Thompson, Facility Booking

AThompson@TorranceCA.Gov

310-781-7598 (fax)

310-618-5982 (voice)